



### CONTACT US AT:

Office: 773-6151

Fax: 773-6152

Web: <http://exeternh.gov/recreation>

### RETURN WITH PAYMENT TO:

Exeter Parks and Recreation

32 Court St

Exeter, NH 03833

### PARENT/ GUARDIAN CONTACT INFO

Parent/Guardian(s) First & Last Name(s)

Address

City

State

Zip

Home Phone

Work Phone

Cell Phone

E-mail

Alt. Emergency Contact Name

Phone Number

### COURSE CHOICES

| First Name | Last Name | Sex | Date of Birth | Current Grade | Name of Class / Program | Class Code |  |  |  |  |   | Fee |
|------------|-----------|-----|---------------|---------------|-------------------------|------------|--|--|--|--|---|-----|
|            |           |     |               |               |                         |            |  |  |  |  | - |     |
|            |           |     |               |               |                         |            |  |  |  |  | - |     |
|            |           |     |               |               |                         |            |  |  |  |  | - |     |
|            |           |     |               |               |                         |            |  |  |  |  | - |     |
|            |           |     |               |               |                         |            |  |  |  |  | - |     |

Uniform sizes (If applicable): T-Shirts(Circle One): XS S M L AS AM AL Pants(Circle One): XS S M L

Total Fees

### COMPLETE IF PAYING BY CREDIT CARD VIA FAX/MAIL

Name as it appears  
on the Card:

Signature

CC Number

Exp. Date

3 Digit PIN

\*MC/VI Only

### PLEASE NOTE:

An additional medical release form will be e-mailed to you at the e-mail address you have provided. Please complete and return to the office as soon as possible. If an e-mail address has not been provided, please stop by the office.

### PLEASE READ AND SIGN THE WAIVER BELOW

Participation in this sport/activity may involve risk of injury. As a parent or participant, I am aware of these hazards and my ability to participate. In consideration for participation in the program(s) listed below, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims against the Town of Exeter, it's officers, employees, agents, volunteers and supervisors, except in the case of their sole negligence, from all losses, injury, damages, fees and other expenses, arising out of or in connection with participation in the activity. In addition, I give my permission for the child (ren) to be treated by qualified medical personnel in the event that the parent/guardian named below cannot be reached at the phone numbers provided. All Recreation Department classes/events may be photographed. Participants may be photographed for Town of Exeter programs and promotions.

**REFUND PROCEDURE** - Refunds are issued only when a class is cancelled by the Recreation Department or the participant enrolled in the program has a note from a physician's office stating they are not able to participate in the program because of a medical condition. If you feel your request for a refund was unfairly denied, there is an appeal process. Appeals must be in writing and sent to the Exeter Recreation Department. The Recreation Director will review and either approve or deny in writing your request. Any authorized refunds are subject to a \$5.00 cancellation fee.

Signature (parent/guardian if participant is under 18 years of age)

Date

### REMEMBER THESE 4 EASY WAYS TO REGISTER!



**On-Line**  
<http://exeternh.gov/recreation>  
Contact the Exeter Parks & Recreation Office for your user name & password.



**In-person/Walk-In**  
Visit us at the Exeter Parks & Recreation Office to fill out your registration in person.



**By Phone**  
Register on the phone by calling the Exeter Parks & Recreation Office.



**Mail-In**  
Mail completed registration form & payment to Parks & Recreation Office.